ADUR & WORTHING COUNCILS

REGISTER OF HOUSING NEED CHANGE OF CIRCUMSTANCES

Please complete any relevant details below that relate to your change of circumstances. Only complete this form if you are already on Worthing Borough Council's housing register. Please contact us for a medical assessment form if you have any medical issue to tell us about.

Please tell us your registration number _____

1. YOUR DETAILS

Ms/Mrs/Miss/Mr/Other			
First Name			
Last name			
Address			
Post Code			
Contact Telephone Number		E-Mail Address	
Date of Birth			

2. ADDITIONS TO YOUR HOUSEHOLD

Please give us details of anyone not included on our original application who would like to be housed with you. For example, if you have recently had a baby or other family members have now joined you.

First Name	Last Name	Date of Birth	Relationship to you	Gender	National Insurance No

Please provide proof of identity such as birth certificate or passport for any new family members

3. CHANGE OF ADDRESS

Please complete this section if you wish to notify us of a change of address

3.1 About your new address	
Address	
How many bedrooms are in this property?	
Which floor is it on?	
Does it have a lift	
Does it have a garden	
Do you own or rent any other property (apart from the one you live in)? If yes, please give us the address	

3.2 Please tick below to tell us whether you have your own facilities or whether you share with anyone who is not on your application					
Room	**Sole Use**	**Shared Use**	**Room**	**Sole Use**	**Shared Use**
Bedroom 1			Kitchen		
Bedroom 2			Bathroom		
Bedroom 3			Internal WC		
Bedroom 4			External WC		
Living Room			Garden		
Dining Room			Other Room		

3.3 What type of property do you live in? (Please tick only <u>one</u> box)				
House	Bungalow	Flat	Flat above shop	Maisonette
Studio	Bedsit	Room in shared house	Bed & Breakfast	Mobile Home or Caravan
Houseboat	Nursing or care home	Hostel	Night Shelter	No home

3.4 What best describes your circumstances? (Please tick only <u>one</u> box)				
Renting	Own Property	Sheltered Housing	Supported Housing	In Care with social services
In Hospital	In Women's Refuge	Lodger	With Friends or Family	In Prison
Sleeping on the Street	Sleeping Rough	Partner's Property	Leaving Care	No Fixed Address
Other – Please tell us				

4. Any Other information

Signed …….. Date ……

PLEASE RETURN COMPLETED FORM TO:

Adur & Worthing Councils,
Housing Services, Portland House,
44 Richmond Road, Worthing, BN11 1LF